



South Central Illinois Medical Reserve Corps

Informed Consent, Waiver, and Release of Liability

The South-Central Illinois Medical Reserve Corps (SCIMRC) intends to mitigate the risk of injury and accident to its registered volunteers resulting from their participation from the MRC Program. Every effort will be made to reduce potential risk through training, education, and use of universal precaution. In addition, volunteers will only be matched for the positions for which they have the skills, training and qualifications to fulfill safely.

Be aware, however, that some unanticipated risk may be present (i.e., direct patient contact, operation of vehicles, or equipment, natural or man-made hazard etc.) both during a public health emergency and a non-emergency work. SCIMRC volunteers agree to assume any and all risk of injury or damage resulting from any accident or incident that they encounter as a volunteer. Any incidents, accidents, or injuries should be reported to the MRC Program Coordinator immediately and appropriate forms completed. In a state declared emergency, volunteers may become eligible to be covered under the state's liability plan.

The undersigned, being at least eighteen years of age or with parental consent if under eighteen, and in consideration of acceptance, approval and participation in the SCIMRC Program, does hereby agree to this Informed Consent, Waiver, and Release of Liability.

Certification Of Understanding

I certify that I understand the contents of this Informed Consent, Wavier, And Release of Liability Agreement and have had the opportunity to ask questions regarding the potential risk (i.e., injury, illness, and hazard, etc.) that may be faced as a volunteer.

_____ (Volunteers Initials) _____ (Guardians Initials)

Acknowledgement and Assumption of Risk

I recognize that the SCIMRC Program will involve physical labor and may carry a risk of personal injury or accident. I further recognize that there are physical and manmade hazards, environmental conditions, disease and other risks, which in combination of my actions can cause injury and emotional discomfort to me. I hereby agree to assume all risk, which may be associated with or may result from my participation in the program. I state that I am sufficiently physically fit to participate in the program.

_____ (Volunteers Initials) _____ (Guardians Initials)

Waiver And Release of Liability

I agree to release the State of Illinois, Clinton County, Washington County, Clinton County Board of Health, Washington County Board of Health, Clinton County Board of Health, Washington County Board of Health, the South Central Illinois Medical Reserve Corps, their agencies, departments, officers, employees, agents and sponsors, and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees (hereinafter referred to collectively as "Parties Released") from the cost of any medical care that I receive while participating in this program or as a result of it.

I further agree to waive, release, and discharge the parties released from any and all liability, claims, demands, actions and causes of actions, whatsoever, for any loss, claim, damage, or injury, illness, attorneys fee or harm of any kind or nature to me arising out of any and all associated activities with participating in this program or as a result of it.

I further agree to indemnify, save and hold harmless the parties released from any and all claims of any nature, including all costs, expenses, and fees arising out of or resulting from my participation in this program.

_____ (Volunteers Initials) _____ (Guardians Initials)

Consent

In the event of injury while participating in any and all activities associated with this program, I consent to receive any emergency medical aid, anesthesia, and/or medical treatment, or operation if, in the opinion of the attending physician, such treatment is necessary.

_____ (Volunteers Initials) _____ (Guardians Initials)

I, the undersigned participant, affirm that I am at least 18 years of age or have a parental/guardian consent, and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies, which may be otherwise available to me regarding any losses I may sustain as a result of my participation in the SCIMRC program. I agree if any portion of said agreement is held invalid, the remainder will continue in full legal force and effect.

Signature of SCIMRC Program Volunteer Signature of Parent/Guardians If Volunteer is under 18

Print Name of SCIMRC Program Volunteer Print Name of Parent/Guardian

Date

SCIMRC Program Coordinator

Office of Emergency Preparedness and Response Medical Reserve Corps
Clinton County Health Department- Office of Emergency Preparedness and Response
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